#### Case 17-82737 Doc 1 Filed 11/16/17 Entered 11/16/17 15:48:17 Desc Main Document Page 1 of 56

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

### Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	rt 1:	Identify Yourself			
			About Debtor 1:	,	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your	r full name			
	your pictu exan	e the name that is on government-issued re identification (for nple, your driver's se or passport).	Michael First name  Nathan Middle name		First name  Middle name
	ident	g your picture ification to your ting with the trustee.	Bankes Last name and Suffix (Sr., Jr., II, III)	I	Last name and Suffix (Sr., Jr., II, III)
2.		ther names you have I in the last 8 years			
		de your married or len names.			
3.	your num Indiv	r the last 4 digits of Social Security ber or federal ridual Taxpayer tification number	xxx-xx-3139		

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Case number (if known)

Debtor 1 Michael Nathan Bankes

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs.  Business name(s)	☐ I have not used any business name or EINs.  Business name(s)
		EINs	EINS
5.	Where you live	2219 Ohio Parkway	If Debtor 2 lives at a different address:
		Number, Street, City, State & ZIP Code  Winnebago	Number, Street, City, State & ZIP Code
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Case number (if known) Debtor 1 Michael Nathan Bankes

ar	Tell the Court About	Your E	3ankruptcy Ca	ase				
7.	The chapter of the Bankruptcy Code you are				of each, see <i>Notice Required by</i> page 1 and check the appropriate	11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy te box.		
	choosing to file under	Chapter 7						
			Chapter 11					
			Chapter 12					
			Chapter 13					
3.	How you will pay the fee		about how yo	ou may pay. Typ attorney is subr	ically, if you are paying the fee yo	ck with the clerk's office in your local court for more deta burself, you may pay with cash, cashier's check, or mon alf, your attorney may pay with a credit card or check w	еу	
					allments. If you choose this option (Official Form 103A).	on, sign and attach the Application for Individuals to Pag	/	
			I request that	at my fee be wa	ived (You may request this option	n only if you are filing for Chapter 7. By law, a judge ma		
						our income is less than 150% of the official poverty line in installments). If you choose this option, you must fill o		
						cial Form 103B) and file it with your petition.		
9.	Have you filed for bankruptcy within the	■ N	0.					
	last 8 years?	☐ Y	es.					
			District		When	Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy cases pending or being	■ N	0					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Y	es.					
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your residence?	ПΝ	o. Go to I	ine 12.				
	residence :	Y	es. Has yo	our landlord obta	ined an eviction judgment agains	st you and do you want to stay in your residence?		
				No. Go to line	12.			
				Yes. Fill out <i>Ini</i> bankruptcy pet		Judgment Against You (Form 101A) and file it with this		

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Deb	otor 1 Michael Nathan Ba	ankes			Case number (if known)	
ar	t 3: Report About Any Bu	sinesses	You Own as	s a Sole Proprietor		
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Pa	art 4.		
		☐ Yes.	Name ar	nd location of business		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of	business, if any		
	If you have more than one sole proprietorship, use a separate sheet and attach		Number	Street, City, State & ZIP	Code	
	it to this petition.		Check th	ne appropriate box to des	cribe your business:	
				lealth Care Business (as	defined in 11 U.S.C. § 101(27A))	
				Single Asset Real Estate	(as defined in 11 U.S.C. § 101(51B))	
				Stockbroker (as defined in	n 11 U.S.C. § 101(53A))	
				Commodity Broker (as de	fined in 11 U.S.C. § 101(6))	
			1 🗆	None of the above		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business	deadlines operation	s. If you indic	cate that you are a small is statement, and federal in	ust know whether you are a small business debusiness debusiness debtor, you must attach your most rencome tax return or if any of these documents	ecent balance sheet, statement of

# U.S.C. § 101(51D). I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

#### Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

I am not filing under Chapter 11.

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For a definition of small business debtor, see 11

debtor?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

INO.	

No.

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Michael Nathan Bankes

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Den	iviiciiaei Natiiaii B				Case number	(II KNOWI)	
Par	Answer These Quest	ions for Repo	rting Purposes				
16.	What kind of debts do you have?	ind	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."				
			No. Go to line 16b.				
			Yes. Go to line 17.				
			e your debts primarily busing the second property of the second prop				
			No. Go to line 16c.				
			Yes. Go to line 17.				
		16c. Sta	ite the type of debts you owe	that are not consi	umer debts or busines	s debts	
17.	Are you filing under Chapter 7?	□ No. I ar	m not filing under Chapter 7.	Go to line 18.			
	Do you estimate that after any exempt property is excluded and		m filing under Chapter 7. Do y paid that funds will be availa			erty is excluded and administrative expenses	
	administrative expenses		No				
	are paid that funds will be available for distribution to unsecured creditors?		Yes				
18.	How many Creditors do	<b>■</b> 1-49		<b>1</b> ,000-5,00	10	□ 25,001-50,000	
	you estimate that you owe?	☐ 50-99		<b>5001-10,00</b>		<b>5</b> 0,001-100,000	
		□ 100-199 □ 200-999		□ 10,001-25,	000	☐ More than100,000	
19.	How much do you ■ \$0 - \$50,000		00	<b>□</b> \$1,000,00		□ \$500,000,001 - \$1 billion	
	estimate your assets to be worth?	□ \$50,001 -			01 - \$50 million 01 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion	
		□ \$100,001 □ \$500,001			001 - \$500 million	☐ More than \$50 billion	
20.	How much do you estimate your liabilities	\$0 - \$50,0		□ \$1,000,00°		□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion	
	to be?	□ \$50,001 - \$100,000 □ \$100,001 - \$500,000		☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million		□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion	
		□ \$500,001 □ \$500,001			001 - \$500 million	☐ More than \$50 billion	
Par	7: Sign Below						
For	you	I have exami	ned this petition, and I declare	e under penalty of	perjury that the inform	nation provided is true and correct.	
						under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7.	
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.					
		bankruptcy cand 3571.	ase can result in fines up to \$			r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,	
			Nathan Bankes than Bankes		Signature of Debtor	2	
		Signature of			g 51 255101		
		Executed on	November 16, 2017		Executed on		
			MM / DD / YYYY		MM	/ DD / YYYY	

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Debtor 1 Michael Nathan Bankes Document Page 7 of 56 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Gary C. Flanders	Date	November 16, 2017
Signature of Attorney for Debtor	-	MM / DD / YYYY
Gary C. Flanders 6180219		
Printed name		
Bankruptcy Clinic		
Firm name		
1 Court Place		
Rockford, IL 61101		
Number, Street, City, State & ZIP Code		
Contact phone	Email address	
6180219		
Bar number & State		

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n to identify your case:			
ichael Nathan Bankes			

Debtor 1 Michael Nathan Bankes				
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number _				

☐ Check if this is an amended filing

#### Official Form 106Sum

Fill in this information

#### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	3,330.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	3,330.00
Par	t 2: Summarize Your Liabilities		
			<b>abilities</b> t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	32,677.00
	Your total liabilities	\$	32,677.00
Par	t 3: Summarize Your Income and Expenses	1	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,666.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,585.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo	ur other sch	nedules.
7.	■ Yes What kind of debt do you have?		

household purpose." 11 Ú.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Case number (if known) Document

Debtor 1 Michael Nathan Bankes

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form	
	122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.	\$

\$	0.00	

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cl	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Case 17-82737 Doc 1 Filed 11/16/17 Entered 11/16/17 15:48:17 Desc Main Page 10 of 56 Document Fill in this information to identify your case and this filing: Debtor 1 Michael Nathan Bankes Last Name First Name Middle Name Debtor 2 Middle Name First Name Last Name (Spouse, if filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ■ No ☐ Yes 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$0.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Yes. Describe.....

bed, dresser, loveseat, chair, etc. with estimated retail value of \$1,200

\$600.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

□ No

Official Form 106A/B Schedule A/B: Property page 1

Case 17-82737 Doc 1 Filed 11/16/17 Entered 11/16/17 15:48:17 Desc Main Document Page 11 of 56 Debtor 1 Case number (if known) Michael Nathan Bankes Yes. Describe..... \$500.00 TV. computer, with estimated retail value of \$1,000 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ☐ No Yes. Describe..... \$50.00 bicycle, with estimated retail value of \$100 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe..... \$500.00 Debtor's clothing, with estimated retail value of \$1,000 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... \$10.00 jewelry, with estimated retail value of \$20 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ☐ No Yes. Give specific information..... \$20.00 cell phone, with estimated retail value of \$40 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,680.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the

portion you own? Do not deduct secured claims or exemptions.

Official Form 106A/B

Case 17-82737 Doc 1 Filed 11/16/17 Entered 11/16/17 15:48:17 Desc Main Document Page 12 of 56 Case number (if known) Debtor 1 Michael Nathan Bankes 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No ■ Yes..... Cash on hand \$150.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... **Rockford Bank and Trust** \$500.00 17.1. checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No

☐ Yes. Give specific information about them...

Case 17-82737 Doc 1 Filed 11/16/17 Entered 11/16/17 15:48:17 Desc Main Document Page 13 of 56 Case number (if known) Debtor 1 Michael Nathan Bankes 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No  $\square$  Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: Life insurance with death benefit only \$0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$650.00 for Part 4. Write that number here.....

37. Do you own or have any legal or equitable interest in any business-related property?

☐ No. Go to Part 6.

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Official Form 106A/B Schedule A/B: Property page 4

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Official Form 106A/B Schedule A/B: Property

Describe All Property You Own or Have an Interest in That You Did Not List Above

Part 7:

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Michael Nathan Bankes Case number (if known)

Debtor 1 **Michael Nathan Bankes** 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$0.00 Part 3: Total personal and household items, line 15 \$1,680.00 Part 4: Total financial assets, line 36 \$650.00 Part 5: Total business-related property, line 45 \$1,000.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00

\$3,330.00

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 6

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$3,330.00

\$3,330.00

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Page 16 of 56 Document Fill in this information to identify your case: Debtor 1 **Michael Nathan Bankes** Middle Name Last Name First Name Debtor 2 Middle Name Last Name (Spouse if, filing) First Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing

### Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify the	Property You	Claim as Exempt
---------	--------------	--------------	-----------------

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
bed, dresser, loveseat, chair, etc. with estimated retail value of \$1,200	\$600.00		\$600.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
TV, computer, with estimated retail value of \$1,000	\$500.00		\$500.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
bicycle, with estimated retail value of \$100	\$50.00		\$50.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 9.1			100% of fair market value, up to any applicable statutory limit	
Debtor's clothing, with estimated retail value of \$1,000	\$500.00		\$500.00	735 ILCS 5/12-1001(a)
Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	
jewelry, with estimated retail value of \$20	\$10.00		\$10.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 12.1			100% of fair market value, up to	

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Debtor 1 Michael Nathan Bankes

	ief description of the property and line on hedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	ell phone, with estimated retail	\$20.00		\$20.00	735 ILCS 5/12-1001(b)
	ne from <i>Schedule A/B</i> : <b>14.1</b>			100% of fair market value, up to any applicable statutory limit	
	ash on hand ne from <i>Schedule A/B</i> : <b>16.1</b>	\$150.00		\$150.00	735 ILCS 5/12-1001(b)
Lin	ie from <i>Scriedule AVB</i> : <b>16.1</b>			100% of fair market value, up to any applicable statutory limit	
	necking: Rockford Bank and Trust	\$500.00		\$500.00	735 ILCS 5/12-1001(b)
LIN	ie from Schedule A/B. 17.1			100% of fair market value, up to any applicable statutory limit	
	ork tools, with estimated retail	\$1,000.00		\$1,000.00	735 ILCS 5/12-1001(d)
	ne from Schedule A/B: 40.1			100% of fair market value, up to any applicable statutory limit	
	e you claiming a homestead exemption ubject to adjustment on 4/01/19 and every No Yes. Did you acquire the property cover	3 years after that for ca	ases fi	,	,
	□ No	ed by the exemption wi		,210 days before you med this ease	:
	Π Yes				

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Document Fill in this information to identify your case: Debtor 1 **Michael Nathan Bankes** First Name Middle Name Last Name Debtor 2 Middle Name First Name Last Name (Spouse if, filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an

#### Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

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Document Page 19 of 56 Fill in this information to identify your case: Debtor 1 **Michael Nathan Bankes** Last Name Middle Name First Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.lf you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 Affordable Dentistry Last 4 digits of account number \$63.00 Nonpriority Creditor's Name When was the debt incurred? 5819-21 E Riverside Blvd Rockford, IL 61114 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify dental

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Document Page 20 of 56 Debtor 1 Michael Nathan Bankes Case number (if know) 4.2 Affordable Dentistry Last 4 digits of account number \$0.00 Nonpriority Creditor's Name **Choice Recovery Inc** When was the debt incurred? PO Box 20790 Columbus, OH 43220 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify notice only ☐ Yes 4.3 **Albert Altamore** Last 4 digits of account number \$1,300.00 Nonpriority Creditor's Name When was the debt incurred? 308 W State St. #420 Rockford, IL 61101 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify attorney fees ☐ Yes 4.4 **Aspen Dental** Last 4 digits of account number \$208.00 Nonpriority Creditor's Name When was the debt incurred? **National Recovery AG** PO Box 67015 Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify dental

☐ Debts to pension or profit-sharing plans, and other similar debts

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Debtor 1 Michael Nathan Bankes Case number (if know) 4.5 **Bradley Bankes** Last 4 digits of account number \$2,500.00 Nonpriority Creditor's Name High Road When was the debt incurred? Stillman Valley, IL 61084 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify loan 4.6 City of Rockford Ambulance \$5,000.00 Last 4 digits of account number Nonpriority Creditor's Name **Rockford Mercantile** When was the debt incurred? 2502 S Alpine Rd Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify medical 4.7 Comcast Last 4 digits of account number \$1,000.00 Nonpriority Creditor's Name When was the debt incurred? 4450 Kishwaukee Street Rockford, IL 61109 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify utility ☐ Yes

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Debtor 1 Michael Nathan Bankes Case number (if know) 4.8 Comcast Last 4 digits of account number \$0.00 Nonpriority Creditor's Name **Credit Management** When was the debt incurred? 4200 International Pkwy Carrollton, TX 75007-1912 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify notice only ☐ Yes **Crusader Clinic** 4.9 Last 4 digits of account number \$10.00 Nonpriority Creditor's Name **Rockford Mercantile** When was the debt incurred? 2502 S Alpine Rd Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify medical ☐ Yes 4.1 **G Stedina Gundmundson** \$50.00 Last 4 digits of account number Nonpriority Creditor's Name **Convergent Healthcare Recoveries** When was the debt incurred? 121 NE Jefferson #100 Peoria, IL 61602 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify medical

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Document Page 23 of 56 Debtor 1 Michael Nathan Bankes Case number (if know) Infinity Healthcare/Pendrick Capital 4 1 \$2,600.00 Par Last 4 digits of account number Nonpriority Creditor's Name **Commonwealth Financial Systems** When was the debt incurred? 245 Main St Dickson City, PA 18519 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacktriangled Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify medical ☐ Yes 4.1 **Inifinty Healthcare Physicians** \$416.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? **Dynamic Recovery Solutions** PO Box 25759 Greenville, SC 29616 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify medical 4.1 \$280.00 **Medical Payment Data** Last 4 digits of account number Nonpriority Creditor's Name **Mutual Management Svc** When was the debt incurred? 7177 Crimson Ridge Dr. #10 Rockford, IL 61107 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim:

debt

■ No

☐ Yes

■ Other. Specify medical

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

☐ At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

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Document Page 24 of 56 Debtor 1 Michael Nathan Bankes Case number (if know) 4.1 **Mercy Health** \$6,000.00 Last 4 digits of account number 4 Nonpriority Creditor's Name **Creditors Protection Svc** When was the debt incurred? 308 W State St. #485 Rockford, IL 61101 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify medical 4.1 Mercy Health/RHS \$0.00 Last 4 digits of account number 5 Nonpriority Creditor's Name 2350 N Rockton Ave When was the debt incurred? Rockford, IL 61103 As of the date you file, the claim is: Check all that apply Number Street City State ZIp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify notice only 4.1 **Metro Medical Services** \$617.00 Last 4 digits of account number 6 Nonpriority Creditor's Name **IC Systems Collection** When was the debt incurred? PO Box 64378 Saint Paul, MN 55164-0378 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

debt

■ No

☐ Yes

■ Other. Specify medical

 $oxed{\square}$  Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

☐ Check if this claim is for a community

Is the claim subject to offset?

Entered 11/16/17 15:48:17 Case 17-82737 Doc 1 Filed 11/16/17 Desc Main Document Page 25 of 56 Debtor 1 Michael Nathan Bankes Case number (if know) 4.1 **NiCor** \$2,500.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Attn: Bankruptcy Dept. 1844 Ferry Road Naperville, IL 60563 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify utility 4.1 **OSF Lifeline Ambulance** \$1,100.00 Last 4 digits of account number 8 Nonpriority Creditor's Name **Rockford Mercantile** When was the debt incurred? 2502 S Alpine Rd Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify medical ☐ Yes 4.1 **OSF Promptcare** \$115.00 9 Last 4 digits of account number Nonpriority Creditor's Name **Convergent Healthcare Recoveries** When was the debt incurred? 121 NE Jefferson St #100 Peoria, IL 61602 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated

Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify medical

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Document Page 26 of 56 Debtor 1 Michael Nathan Bankes Case number (if know) 4.2 Radiology Consultants \$3,500.00 Last 4 digits of account number 0 Nonpriority Creditor's Name 1401 E State St. When was the debt incurred? Rockford, IL 61104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify medical ☐ Yes 4.2 **Radiology Consultants** \$0.00 Last 4 digits of account number Nonpriority Creditor's Name **ATG Credit** When was the debt incurred? 1700 W Cortland St #201 Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify notice only 4.2 **Rockford Ambulatory Surgery** \$1.300.00 Last 4 digits of account number Nonpriority Creditor's Name 1016 Featherstone Rd When was the debt incurred? Rockford, IL 61107 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

■ No

☐ Yes

Is the claim subject to offset?

report as priority claims

■ Other. Specify medical

 $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Entered 11/16/17 15:48:17 Case 17-82737 Doc 1 Filed 11/16/17 Desc Main Document Page 27 of 56 Debtor 1 Michael Nathan Bankes Case number (if know) 4.2 **Rockford EAS** \$800.00 Last 4 digits of account number 3 Nonpriority Creditor's Name **Rockford Mercantile** When was the debt incurred? 2502 S Alpine Rd Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify medical 4.2 **Rockford Gastroenterology** \$850.00 Last 4 digits of account number Nonpriority Creditor's Name **Rockford Mercantile** When was the debt incurred? 2502 S Alpine Rd Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts Other. Specify medical ☐ Yes 4.2 Rockford Radiology \$300.00 Last 4 digits of account number Nonpriority Creditor's Name **Rockford Mercantile** When was the debt incurred? 2502 S Alpine Rd Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated

Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify medical ☐ Yes

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Debt	or 1 Michael Nathan Bankes	Document Page 28 of 56 Case number (if know)	
1			
4.2 6	Swedish American Hospital	Last 4 digits of account number	\$1,200.00
	Nonpriority Creditor's Name 1401 East State Street Rockford, IL 61104	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify medical	
4.2	Curedish American Heavital		\$0.00
7	Swedish American Hospital  Nonpriority Creditor's Name	Last 4 digits of account number	\$0.00
	Central Credit Services PO Box 1850 Minneapolis, MN 55439	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify notice only	
4.2	Verizon Wireless	Last 4 digits of account number	\$968.00
0	Nonpriority Creditor's Name	<del></del>	
	PO Box 26055	When was the debt incurred?	
	Minneapolis, MN 55426  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	_		
	■ Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

■ No

☐ Yes

report as priority claims

■ Other. Specify utility

Is the claim subject to offset?

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Michael Nathan Bankes

Case number (if know)

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				1	otal Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total					
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				-	otal Claim
	6f.	Student loans	6f.	\$	0.00
Total					
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	32,677.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	32,677.00

Fill in this information to identify your case: Debtor 1 **Michael Nathan Bankes** First Name Middle Name Last Name Debtor 2 Middle Name Last Name (Spouse if, filing) First Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Theresa Bankes Klein, landlord

State what the contract or lease is for rental of house, month to month

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		Docume	nt Page 31 o	f 56	
Fill in this	information to identify your	case:			
Debtor 1	Michael Nathan I	Bankes			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filin	g) First Name	Middle Name	Last Name		
United Stat	es Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case numb	per				
(if known)				Check if this is an	l
				amended filing	
Official	Form 106H				
	ule H: Your Cod	ehtors		11	2/15
Jeried	dic II. I oui ood	CDIOIS		12	2/13
people are ill it out, ar our name	filing together, both are equ	ally responsible for supp boxes on the left. Attach Answer every question.	lying correct informati the Additional Page to	s complete and accurate as possible. If two marri ion. If more space is needed, copy the Additional o this page. On the top of any Additional Pages, we as a codebtor.	Page,
20 ,	, ou have any coupling (	you are ming a joint oace, c	io not not ouror opouco	ao a coacaci.	
■ No					
☐ Yes					
	nin the last 8 years, have you a, California, Idaho, Louisiana			(Community property states and territories include ngton, and Wisconsin.)	<del>)</del>
	Go to line 3.		with way at the time of		
⊔ Yes.	. Did your spouse, former spo	use, or legal equivalent live	with you at the time?		
in line Form 1	2 again as a codebtor only	if that person is a guarant	or or cosigner. Make s	if your spouse is filing with you. List the person sure you have listed the creditor on Schedule D (6G). Use Schedule D, Schedule E/F, or Schedule	Official
	Column 1: Your codebtor lame, Number, Street, City, State and Z	IP Code		Column 2: The creditor to whom you owe the Check all schedules that apply:	debt
3.1				☐ Schedule D, line	
	Name			Schedule E/F, line	
				☐ Schedule G, line	
1	Number Street			_	
(	City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
_	Number Street			_	

State

City

ZIP Code

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						Ī				
	in this information to identify your optor 1  Michael Na	case: than Bankes								
	otor 2 puse, if filing)				_					
Uni	ited States Bankruptcy Court for the	e: NORTHERN DISTRIC	T OF ILLINOIS							
	se number nown)						ended olemei	nt showi	ng postpetition	
0	fficial Form 106I					MM / [			ronowing date.	
S	chedule I: Your Inc	ome				1011017	<i>,</i> , , ,			12/15
sup spo atta	as complete and accurate as posplying correct information. If you use. If you are separated and you che a separate sheet to this form.  The describe Employment	are married and not filli ur spouse is not filing wi On the top of any addition	ng jointly, and your th you, do not inclu	spouse is ide inforn	s liv natio	ing with you, on about you	inclu r spoi	de infor use. If m	mation about nore space is	your needed,
1.	Fill in your employment information.		Debtor 1			Dek	otor 2	or non-	filing spouse	
	If you have more than one job,	Employment status	☐ Employed				Emplo	yed		
	attach a separate page with information about additional employers.	Occupation	■ Not employed			1	Not em	nployed		
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed the	nere?							
Par	ct 2: Give Details About Mo	nthly Income								
	mate monthly income as of the cuse unless you are separated.	date you file this form. If y	you have nothing to r	report for a	any I	ine, write \$0 i	n the s	space. Ir	nclude your no	n-filing
•	u or your non-filing spouse have me space, attach a separate sheet to		ombine the information	on for all e	mplo	oyers for that p	oersor	on the	lines below. If	you need
						For Debtor	1		ebtor 2 or ling spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0	.00	\$	N/A	
3.	Estimate and list monthly over	time pay.		3.	+\$	0	.00	+\$	N/A	
4.	Calculate gross Income. Add I	ine 2 + line 3.		4.	\$	0.00	0_	\$	N/A	

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Deb	otor 1	Michael Nathan Bankes			Case	e number (if kn	own)	,			
					Fo	r Debtor 1			or Debtor		
	Cop	y line 4 here	4.		\$	0	.00	\$	······································	N/A	<u> </u>
5.	l ist	all payroll deductions:									
0.	5a.	Tax, Medicare, and Social Security deductions	5	2	\$	0	.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans		a. b.	<b>\$</b> -		.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	50		\$-		.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans		d.	\$		.00	\$		N/A	_
	5e.	Insurance	56	e.	\$		.00	\$		N/A	_
	5f.	Domestic support obligations	5f	f.	\$	0	.00	\$		N/A	\
	5g.	Union dues	5	g.	\$	0	.00	\$		N/A	\
	5h.	Other deductions. Specify:	_ 5l	h.+	\$	0	.00	+ \$		N/A	<u> </u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	0	.00	\$		N/A	<u>\</u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	0	.00	\$		N/A	<u>.</u>
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0.4		¢	0	00	¢		<b>N</b> 1/4	
	8b.	monthly net income. Interest and dividends		a. b.	\$_ \$		.00	\$ \$		N/A N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80		\$_		.00	\$		N/A	_
	8d.	Unemployment compensation	80	d.	\$_	0	.00	\$		N/A	<u>.                                      </u>
	8e.	Social Security	86	e.	\$	1,666	.00	\$		N/A	\
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income	_ 8f _ 8g		\$_ \$		.00 .00	\$		N/A N/A	_
	8h.	Other monthly income. Specify:		э. h.+	, _			+ \$		N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. [	\$	1,666	.00	\$		N/	A
10	Cal	sulate menthly income. Add line 7 Lline 9	10.	•		1,666.00	+ \$		N/A	= \$	1,666.00
10.		culate monthly income. Add line 7 + line 9.  the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Φ-		1,000.00	<b>+</b>   •		IN/A	=      -	1,000.00
11.	Stat Inclu	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your r friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a	dep			•			n Schedule	e <i>J</i> . +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain ies								\$	1,666.00
13.	Do :	ou expect an increase or decrease within the year after you file this form?	?							Combi month	ined ly income
	_	No. Yes Explain:									

Official Form 106I Schedule I: Your Income page 2

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Eill	in this information to identify your case:				
	otor 1 Michael Nathan Bankes			if this is: n amended filing	
1	otor 2 ouse, if filing)				ing postpetition chapter he following date:
(Spc	ouse, il lilling)			s expenses as or t	The following date.
Unit	ted States Bankruptcy Court for the: NORTHERN DISTRICT OF I	LLINOIS	M	IM / DD / YYYY	
	se number				
	fficial Form 106J ***DEBTOR SHA	RES EXPENSES	WITH H	IS SON***	
	chedule J: Your Expenses				12/15
info	as complete and accurate as possible. If two married peopormation. If more space is needed, attach another sheet to mber (if known). Answer every question.  It 1:  Describe Your Household				
1.	Is this a joint case?				
	<ul><li>✓ No. Go to line 2.</li><li>Yes. Does Debtor 2 live in a separate household?</li><li>No</li></ul>				
	Yes. Debtor 2 must file Official Form 106J-2, Expe	enses for Separate House	hold of Debto	r 2.	
2.	Do you have dependents?    ✓ No				
	Do not list Debtor 1 and Debtor 2. Yes. Fill out this information each dependent	•		Dependent's age	Does dependent live with you?
	Do not state the dependents names.				<ul> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> </ul>
3.	Do your expenses include expenses of people other than yourself and your dependents?				res
Par	t 2: Estimate Your Ongoing Monthly Expenses				
exp	timate your expenses as of your bankruptcy filing date unle penses as of a date after the bankruptcy is filed. If this is a plicable date.				
the	lude expenses paid for with non-cash government assistal value of such assistance and have included it on <i>Schedul</i> ficial Form 106I.)			Your expe	enses
4.	The rental or home ownership expenses for your resident payments and any rent for the ground or lot.	ce. Include first mortgage	4. \$		550.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4а. ъ 4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		0.00
	4d. Homeowner's association or condominium dues		4d. \$		0.00
5.	Additional mortgage payments for your residence, such a	as home equity loans	5. \$		0.00

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Deb	tor 1 Michael Nathan Bankes	Case num	ber (if known)	
6.	Utilities:			
0.	6a. Electricity, heat, natural gas	6a.	\$	300.00
	6b. Water, sewer, garbage collection	6b.	· —	50.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	·	0.00
	6d. Other. Specify: <b>cell phone</b>	6d.	·	50.00
	TV/internet		\$	120.00
7.	Food and housekeeping supplies		\$	350.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	20.00
10.	Personal care products and services	10.	\$	50.00
11.	Medical and dental expenses	11.	\$	30.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare.			05.00
	Do not include car payments.	12.		65.00
	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	•	0.00
	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	0.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.			
17.	Specify: Installment or lease payments:	16.	\$	0.00
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as	 18.	\$	0.00
10	deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). Other payments you make to support others who do not live with you.	10.	\$	0.00
13.	Specify:	19.	Ψ	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Scheo	dule I: Yo	our Income.	
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.		0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00
21.	Other: Specify:	21.	+\$	0.00
22.	, ,			
	22a. Add lines 4 through 21.		\$	1,585.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	1,585.00
23.	Calculate your monthly net income.			
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	1,666.00
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$	1,585.00
	23c. Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> .	23c.	\$	81.00
24.	Do you expect an increase or decrease in your expenses within the year after you for example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage?  No.  Explain here: Possible increase in transportation expense and the possible increase in transportati	mortgage	payment to inc	rease or decrease because of a

# Case 17-82737 Doc 1 Filed 11/16/17 Entered 11/16/17 15:48:17 Desc Main Document Page 36 of 56

Fill in this	s information to identify your	case:				
Debtor 1	Michael Nathan B					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, fil	lling) First Name	Middle Name	Last Name			
United Sta	ates Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS			
Case num	nber					
(if known)					<ul><li>Check if this is an amended filing</li></ul>	
Decla	Form 106Dec  aration About a				12/15	
	both. 18 U.S.C. §§ 152, 1341, 1		auptcy case can result if	ii iiiies up to \$∠50,000	), or imprisonment for up to 20	
Did :	you pay or agree to pay some	one who is NOT an attor	ney to help you fill out ba	ankruptcy forms?		
•	No					
					Bankruptcy Petition Preparer's Notice, ration, and Signature (Official Form 119)	
				Deciaration,	and dignature (dilicial Form 113)	
	er penalty of perjury, I declare they are true and correct.	that I have read the sum	mary and schedules filed	d with this declaration	n and	
Y /	s/ Michael Nathan Bankes		X			
	Wichael Nathan Bankes		Signature of I	Debtor 2		
	Signature of Debtor 1		- <b>3</b>			
С	Date November 16, 2017		Date			

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Dalata 4	AND I SHALL BE				
Debtor 1	Michael Nathan Ba	NKES Middle Name	Last Name		
Debtor 2	First Name	Maddle Norse	Last Norma		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT OF I	LLINOIS		
Case number (if known)				_	k if this is an ded filing
Be as complete	t of Financial Af	. If two married people are a	als Filing for Bankruptcy filing together, both are equally respons form. On the top of any additional page	ible for supplyir	
	, , ,	al Status and Where You Liv	red Before		
00					
-	ur current marital status?				
-					
. What is you	d				
. What is you  Married Not ma	d arried	ed anywhere other than who	ere you live now?		
. What is you  Married Not ma	d arried	ed anywhere other than who	ere you live now?		
. What is you  ☐ Married ☐ Not ma  . During the	d arried last 3 years, have you live	ed anywhere other than who	•		
. What is you  ☐ Married ☐ Not ma  During the ☐ No ☐ Yes. Li	d arried last 3 years, have you live	·	•		ates Debtor 2 ved there
. What is you  ☐ Marrier ☐ Not ma  . During the ☐ No ☐ Yes. Li Debtor 1 F	d arried last 3 years, have you lived st all of the places you lived	d in the last 3 years. Do not in  Dates Debtor 1  lived there	clude where you live now.	liv	
. What is you  ☐ Married ☐ Not ma  . During the ☐ No ☐ Yes. Li Debtor 1 F Winnebar Rockford	d arried last 3 years, have you live st all of the places you live rior Address: go County Corrections , IL 61101	Dates Debtor 1 lived there From-To:	clude where you live now.  Debtor 2 Prior Address:	liv Er	ved there Same as Debtor 1

Official Form 107

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Document Page 38 of 56 Case number (if known) Debtor 1 Michael Nathan Bankes Part 2 **Explain the Sources of Your Income** Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$14.050.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$26,500.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. П Nο Yes. Fill in the details. Debtor 1 Debtor 2 **Gross income from** Sources of income Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until Social Security \$15,000.00 the date you filed for bankruptcy: For the calendar year before that: unemployment \$3,500.00 (January 1 to December 31, 2015) compensation Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

□ No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

<sup>\*</sup> Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Case number (if known) Debtor 1 Michael Nathan Bankes Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment** Total amount Amount you Was this payment for ... still owe paid Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. ☐ No Yes. List all payments to an insider. Insider's Name and Address Dates of payment **Total amount** Amount vou Reason for this payment paid still owe **Bradley Bankes** 2017 \$3,500.00 \$2,500.00 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Nο ☐ Yes. List all payments to an insider Reason for this payment **Insider's Name and Address** Dates of payment Total amount Amount you paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. п Case title Nature of the case Court or agency Status of the case Case number Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken

8.

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Case 17-82737 Doc 1 Filed 11/16/17 Entered 11/16/17 15:48:17 Desc Main Document Page 40 of 56 Debtor 1 Michael Nathan Bankes Case number (if known) 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Value Dates you gave the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of transferred or transfer was Address payment Email or website address made Person Who Made the Payment, if Not You 2017 \$700.00 **Bankruptcy Clinic Attorney Fees** 1 Court Place Rockford, IL 61101

credit counseling

\$15.00

**Summit Financial Education** 

2017

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Debtor 1 Michael Nathan Bankes

Yes. Fill in the details.   Person Who Was Paid Address   Description and value of any property   Date payment or transfer was made   Description and value of any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both ouright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property) include both ouright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property) include of the details.	17.	Within 1 year before you filed for bankrup promised to help you deal with your credi Do not include any payment or transfer that y	ors or to make payment			r transfer any proper	ty to anyone who
Address transferred							
transferred in the ordinary course of your business or financial affairs? Include both outright transfers made as security (such as the granting of a security interest or mortgage on your property). include gifts and transfers that you have already listed on this statement.  No Yes. Fill in the details.  Person Who Received Transfer Address Address Person's relationship to you  Description and value of payments received or debts paid in exchange Person's relationship to you  Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which y beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Name of trust  Description and value of the property transferred  Date Transder  Person's relationship to you  Description and value of the property transferred  Date Transder  Date Transder  Person's relationship to you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, beneues, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Pool Yes. Fill in the details.  Name of Storage Facility  Who else has or had access  Describe the contents  Do you filed for bankruptcy?				value of any prop	erty	or transfer was	Amount of payment
Yes. Fill in the details.	18.	transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alread	business or financial aff nade as security (such as	airs? the granting of a s			
Address Person's relationship to you  19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which y beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Name of trust  Description and value of the property transferred  Date Transder and D							
19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which y beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Name of trust  Description and value of the property transferred  Date Tramade  Date Tramace  Date Tramade  Date Tramade  Date Tramace					payments	received or debts	Date transfer was made
beneficiary? (These are often called asset-protection devices.)  Nome of trust  Description and value of the property transferred  Date Train and Part 8:  List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, be houses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Name of Financial Institution  Address (Number, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Name of Storage Facility  Who else has or had access  Describe the contents  Do yo you have of Storage Facility  Who else has or had access  Describe the contents		Person's relationship to you				3.	
Name of trust  Description and value of the property transferred  Date Tra made  Date Tra made  List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, b houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  Last 4 digits of account or instrument closed, sold, moved, or transferred  Last 4 digits of account or instrument closed, sold, moved, or transferred  21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for secash, or other valuables?  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  No Yes. Fill in the details.  No Yes. Fill in the details.  No Pyes. Fill in the details.	19.	beneficiary? (These are often called asset-p  No		ny property to a s	elf-settled tru	st or similar device o	of which you are a
Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit sold, moved, or transferred?  10. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit sold, moved, or transferred?  11. No  12. Yes. Fill in the details.  12. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  12. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for secash, or other valuables?  12. No  13. Yes. Fill in the details.  14. Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  15. Who else had access to it? Address (Number, Street, City, State and ZIP Code)  16. Yes. Fill in the details.  17. Yes of account or instrument closed, sold, moved, or transferred  18. No  19. Yes. Fill in the details.  19. No  20. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  10. No  21. No  22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  10. No  21. No  22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  10. No  11. Yes. Fill in the details.  12. No  13. Yes. Fill in the details.  14. Yes. Fill in the details.  15. Name of Storage Facility  16. Who else has or had access  17. Describe the contents  17. Describe the contents  18. Do you have instructions and the power instructions and the power instructions.  18. Yes power instructions and the power instructions institutions.  18. Yes power instructions and the power instructions.  18. Yes power instructions and the power instructions.  18. Yes power instructions and the power instructions.  18. Yes power instructions and the power instructions institutions.  18. Yes power instructions and the power instructions inst			Description and	value of the prope	erty transferre	ed	Date Transfer was
20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, benouses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP account number account number account number account or closed, sold, moved, or transferred  21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for secash, or other valuables?  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  No Pescribe the contents Do you filed for bankruptcy?  No Pescribe the contents Do you filed for bankruptcy?  No Pescribe the contents Do you filed for bankruptcy?							made
sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, b houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  Last 4 digits of account or instrument lossed, sold, moved, or transferred  Date account was closed, sold, moved, or transferred  Date account was closed, sold, moved, or transferred  Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for secash, or other valuables?  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  No Yes. Fill in the details.  No Do you follow for bankruptcy?  No State and ZIP Code)  Describe the contents  Do you filed for bankruptcy?	Par	8: List of Certain Financial Accounts, I	nstruments, Safe Deposi	t Boxes, and Sto	rage Units		
Name of Financial Institution and Address (Number, Street, City, State and ZIP	20.	sold, moved, or transferred? Include checking, savings, money market houses, pension funds, cooperatives, ass  No	or other financial accou	nts; certificates o	of deposit; sh		
Address (Number, Street, City, State and ZIP account number instrument closed, sold, moved, or transferred  21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for secash, or other valuables?  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility  Who else has or had access  Describe the contents  Do yo have i			Last Adlasta of	T			Leathelean
No   Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)  22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?   No   Yes. Fill in the details.   Name of Storage Facility   Who else has or had access   Describe the contents   Do yo		Address (Number, Street, City, State and ZIP			clo: mo	sed, sold, ved, or	Last balance before closing or transfer
☐ Yes. Fill in the details.       Name of Financial Institution Address (Number, Street, City, State and ZIP Code)       Who else had access to it? Address (Number, Street, City, State and ZIP Code)       Describe the contents       Do yo have is the contents         22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?         ■ No       Yes. Fill in the details.         Name of Storage Facility       Who else has or had access       Describe the contents       Do yo	21.	cash, or other valuables?	year before you filed fo	r bankruptcy, any	safe deposit	box or other deposit	tory for securities,
Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  Do yo have i  Place other than your home within 1 year before you filed for bankruptcy?  No Yes. Fill in the details.  Name of Storage Facility  Who else has or had access Describe the contents  Do yo have i		_ ```					
22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  No Yes. Fill in the details.  Name of Storage Facility  Who else has or had access  Describe the contents  Do yo		Name of Financial Institution	Address (Number, S		Describe the o	contents	Do you still have it?
☐ Yes. Fill in the details.         Name of Storage Facility       Who else has or had access       Describe the contents       Do yo	22.	Have you stored property in a storage uni		r home within 1 y	ear before yo	u filed for bankruptc	y?
		_					
Address (Number, Street, City, State and ZIP Code) to It?  Address (Number, Street, City, State and ZIP Code)  Nave I  Address (Number, Street, City, State and ZIP Code)		Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	to it? Address (Number,		Describe the c	contents	Do you still have it?

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Debtor 1 Michael Nathan Bankes

Pai	rt 9: Identify Property	You Hold or Control for S	Someone Else			
23.	Do you hold or control for someone.	any property that someo	ne else owns? Include any prop	erty y	ou borrowed from, are storing for	, or hold in trust
	<ul><li>□ No</li><li>■ Yes. Fill in the det</li></ul>	ails.				
	Owner's Name Address (Number, Street, C	City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	De	escribe the property	Value
	Former wife			fu	ebtor has use of home rnishings belonging to rmer wife	\$0.00
Pai	rt 10: Give Details Abou	ut Environmental Informa	ition			
For	the purpose of Part 10, t	the following definitions	apply:			
•	toxic substances, wasteregulations controlling	es, or material into the ai the cleanup of these sub	r, land, soil, surface water, grou estances, wastes, or material.	ındwa	pollution, contamination, release ter, or other medium, including st	atutes or
	-	n, facility, or property as ze it, including disposal s	-	al law,	, whether you now own, operate, o	or utilize it or used
		ans anything an environr llutant, contaminant, or s		us wa	ste, hazardous substance, toxic s	substance,
Rep	oort all notices, releases,	and proceedings that yo	u know about, regardless of wh	nen the	ey occurred.	
24.	Has any governmental	unit notified you that you	may be liable or potentially liab	ole un	der or in violation of an environme	ental law?
	■ No					
	☐ Yes. Fill in the deta	ails.				
	Name of site Address (Number, Street, C	City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State ZIP Code)	and	Environmental law, if you know it	Date of notice
25.	Have you notified any g	overnmental unit of any	release of hazardous material?			
	■ No					
	Yes. Fill in the deta	ails.				
	Name of site Address (Number, Street, C	City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State ZIP Code)	and	Environmental law, if you know it	Date of notice
26.	Have you been a party i	in any judicial or adminis	trative proceeding under any er	nviron	mental law? Include settlements a	and orders.
	■ No					
	Yes. Fill in the deta	ails.				
	Case Title Case Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case
Pai	rt 11: Give Details Abou	ut Your Business or Coni	nections to Any Business			
27.	Within 4 years before v	ou filed for bankruptcy.	lid vou own a business or have	any o	f the following connections to any	business?
		• •	rade, profession, or other activi	-	-	
	_		(LLC) or limited liability partners	•	·	
	☐ A partner in a p		. , , , , , , , , , , , , , , , , , , ,		•	
		tor, or managing execut	ive of a corporation			
	_		equity securities of a corporation	on		

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Case Nathan Bankes

Debtor 1 Michael Nathan Bankes

	■ No. None of the above applies. Go to P	art 12.	
	Yes. Check all that apply above and fill	in the details below for each business.	
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business  Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
	(Name and 211 Gode)	Name of accountant of bookkeeper	Dates business existed
28.	Within 2 years before you filed for bankruptoinstitutions, creditors, or other parties.	cy, did you give a financial statement to a	nyone about your business? Include all financial
	■ No □ Yes. Fill in the details below.		
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Par	12: Sign Below		
are with		false statement, concealing property, or o	declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both.
	Michael Nathan Bankes		
	hael Nathan Bankes nature of Debtor 1	Signature of Debtor 2	
Dat	November 16, 2017	Date	
Did ■ N	•	nt of Financial Affairs for Individuals Filin	g for Bankruptcy (Official Form 107)?
Did ■ N	you pay or agree to pay someone who is not	an attorney to help you fill out bankrupto	y forms?
□ Y	es. Name of Person Attach the <i>Bankrup</i>	otcy Petition Preparer's Notice, Declaration, a	and Signature (Official Form 119).

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Fill in this infor	mation to identify your cas			1
Debtor 1	Michael Nathan Ban	Niddle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTR	ICT OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an amended filing
you have least you must file the whicher on the file two married posign and the second terms of the second	ever is earlier, unless the of form eople are filing together in date the form.	the lease has not a sin 30 days after you court extends the tage a joint case, both	expired. bu file your bankruptcy petition or by the date s ime for cause. You must also send copies to th are equally responsible for supplying correct i eeded, attach a separate sheet to this form. On	ne creditors and lessors you list
Part 1: List Y	our Creditors Who Have S	Secured Claims		
information b		1 of Schedule D: C	Creditors Who Have Claims Secured by Propert	y (Official Form 106D), fill in the
Identify the cr	reditor and the property that		What do you intend to do with the property tha secures a debt?	t Did you claim the property as exempt on Schedule C
Creditor's			☐ Surrender the property.	□No
name:			☐ Retain the property and redeem it.	_
Description of	f		Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property			☐ Retain the property and [explain]:	
securing debt	:	-		_
Creditor's			☐ Surrender the property.	□ No
name:			☐ Retain the property and redeem it.	
<b>.</b>	,		☐ Retain the property and enter into a	<b>—</b>
Description of				☐ Yes
			Reaffirmation Agreement.	⊔ Yes
property securing debt				⊔ Yes

Official Form 108

Creditor's

Creditor's

Description of

securing debt:

name:

property

Statement of Intention for Individuals Filing Under Chapter 7

 $\square$  Surrender the property.

☐ Surrender the property.

☐ Retain the property and redeem it.

 $\hfill\square$  Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

□ No

☐ Yes

☐ No

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Debtor	1 Michael N	athan Bankes	Case number (if known)	
name Desc	e: ription of		☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
prope secui	erty ring debt:		☐ Retain the property and [explain]:	_
n the in	unexpired personation belo	w. Do not list real estate leases. Unex	a Schedule G: Executory Contracts and Unexpire expired leases are leases that are still in effect; the e trustee does not assume it. 11 U.S.C. § 365(p)(2	e lease period has not yet ended.
Describ	oe your unexpir	red personal property leases		Will the lease be assumed?
Lessor's	s name:	Theresa Bankes Klein, landlord		□ No
Descrip Property Part 3:	tion of leased y:	rental of house, month to month		■ Yes
Jnder p property X /s/ Mi	enalty of perju	t to an unexpired lease. nan Bankes n Bankes	ntention about any property of my estate that see	cures a debt and any personal
Da	ate Novem	ber 16, 2017	Date	

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-82737 Doc 1 Filed 11/16/17 Entered 11/16/17 15:48:17 Desc Main Document Page 50 of 56

B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court**Northern District of Illinois

In re	Michael Nathan Bankes		Case No	).	
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPENS.	ATION OF ATTO	RNEY FOR I	DEBTOR(S)	
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of or	f the petition in bankruptcy	, or agreed to be pa	id to me, for services rendere	d or to
	For legal services, I have agreed to accept		\$	700.00	
	Prior to the filing of this statement I have received			700.00	
	Balance Due		\$	0.00	
2.	\$335.00_ of the filing fee has been paid.				
3.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5.	■ I have not agreed to share the above-disclosed compensation	ation with any other person	unless they are me	embers and associates of my la	aw firm.
	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names				m. A
6.	In return for the above-disclosed fee, I have agreed to rende	er legal service for all aspec	ts of the bankruptc	y case, including:	
	<ul><li>a. Analysis of the debtor's financial situation, and rendering</li><li>b. Preparation and filing of any petition, schedules, stateme</li><li>c. Representation of the debtor at the meeting of creditors a</li><li>d. [Other provisions as needed]</li></ul>	ent of affairs and plan which	h may be required;		/;
7.	By agreement with the debtor(s), the above-disclosed fee do Applicable to Chapter 7: \$75.00 for each po of motion for court approval of reaffirmatio \$250.00 per hour plus costs (when applicable) Representation does not include defense of dismissal proceedings, reinstatement process.	ost-petition amendment on agreement, and atter ole) for all other represon of discharge or discharge	to Schedules; \$ idance at hearin entation. geability procee	g if required by the court dings, redemption procee	; edings,
	from stay actions or other adversary proced motion to approve reaffirmation agreement	edings or attendance a			
	(	CERTIFICATION			
	I certify that the foregoing is a complete statement of any agoankruptcy proceeding.	greement or arrangement fo	r payment to me fo	r representation of the debtor(	(s) in
N	lovember 16, 2017	/s/ Gary C. Fland	ers		
L	Date	Gary C. Flanders Signature of Attorn			
		Bankruptcy Clin			
		1 Court Place Rockford, IL 611	01		
		Name of law firm			

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GARY C. FLANDERS
Attorney at Law

One Court Place, Suite 201 Rockford, Illinois 61101 Telephone: 815/962-7084

CONTRACT FOR CHAPTER 7 BANKRUPTCY SERVICES	
This agreement is executed this	, 2017.

#### Type of Bankruptcy

Client retains attorney Gary C. Flanders to file a Chapter 7 bankruptcy. If the client determines at a later date that client desires to file a Chapter 13 bankruptcy, the parties shall execute a new fee contract setting forth the terms of such representation.

#### 2. Services Provided by Attorney:

Contingent upon being paid for the services as specified below, the attorney shall provide the following legal services for the client: Preparation and filing of Chapter 7 Petition in Bankruptcy.

#### 3. Fees

The base fee for the filing of the bankruptcy is \$ \_\_\_\_\_ and filing fee \_\$335.00 for a total of \$\_\_\_\_\_ to be paid prior to filing and within six months of the date of this agreement. The amount of the filing fee may increase.

Additional costs required on a case-by-case basis include:

- a). Mandatory prepetition credit counseling and post-petition financial education (all cases).
- b). Tax transcripts
- c). Credit report (recommended).

If the fees are not paid as stated above and as a result the amount of legal service to be provided by the attorney and/or his staff is increased, the fee shall be increased accordingly to compensate the attorney for the additional time and expense in providing the legal services.

#### 4. Terms of Payment

- a). The fees shall be paid in full prior to the filing of the bankruptcy.
- b). Client has paid \$ \_\_\_\_\_ as a retainer fee. This amount has been earned upon receipt by the attorney and is not refundable.
- (c). No earned portion of any fee received is refundable.

#### 5. Services Not Provided Under the Base Fee

Representation does not include defense of discharge or dischargeability proceedings, redemption proceedings, dismissal proceedings, reinstatement proceedings, judicial lien avoidances, post-petition amendments, relief from stay actions or other adversary proceedings or attendance at continued meeting of creditors, preparation of motion to approve reaffirmation agreement (when in sole discretion of attorney a reaffirmation motion is required).

#### 6. Compensation For Services Not Covered Under Base Fee

- a). It is understood that if attorney and client agree that attorney is to provide services described in paragraph 5 a separate retainer agreement detailing such services and associated costs will be signed by attorney and client.
- b). \$75.00 for preparation and filing of each amendment to the bankruptcy Schedules or Statement of Financial Affairs.
- c). \$75.00 for preparation and filing of motion for court approval of reaffirmation agreement, and attendance at hearing if required by the court.
- d). \$500.00 for motion to reopen Chapter 7 case if client fails to satisfy post-petition financial education requirements.
- e). The client understands that if the client does not pay the fees as set forth above, the Attorney has no obligation to provide the services, and has the right to file a motion to withdraw as the attorney for the client.

#### 7. Client's Obligations

The client's obligations are as follows:

- a). To pay the fees as set forth above.
- b). To provide accurately, honestly and in a timely manner, all the information including all documents necessary to prepare and file the Chapter 7 bankruptcy.
- c). To satisfy prepetition credit counseling and postpetition financial education requirements.
- d). To keep the attorney advised at all times of the client's address and telephone numbers.
- e). To attend the 341 Creditors Meeting and other hearings set in the case as advised by attorney.
- f). To provide any information requested of the client by the Chapter 7 Trustee, the U.S. Trustee, or any other party in interest, unless the Court rules that the client is not required to provide the information.
- g). To respond immediately to any requests of the client by the attorney's staff.
- 8. Attorney is authorized to disburse from his Client Trust Account, when applicable, funds for payment of filing fees, costs, attorney fees and refunds.

Gary C. Flanders Client

Client

Client acknowledges receipt of a copy of this agreement.

We are a debt relief agency. We help people file for bankruptcy relief under the Bankruptcy Code.

#### United States Bankruptcy Court Northern District of Illinois

In re	Michael Nathan Bankes		Case No.	
		Debtor(s)	Chapter <b>7</b>	
	VEF	RIFICATION OF CREDITOR M	ATRIX	
		Number of	Creditors:	29
	The above-named Debtor(s) h (our) knowledge.	hereby verifies that the list of credite	ors is true and correct to	the best of my
Date:	November 16, 2017	/s/ Michael Nathan Bankes Michael Nathan Bankes Signature of Debtor		

Affordable Dentistry 5819-21 E Riverside Blvd Rockford, IL 61114

Affordable Dentistry Choice Recovery Inc PO Box 20790 Columbus, OH 43220

Albert Altamore 308 W State St. #420 Rockford, IL 61101

Aspen Dental National Recovery AG PO Box 67015 Harrisburg, PA 17106

Bradley Bankes High Road Stillman Valley, IL 61084

City of Rockford Ambulance Rockford Mercantile 2502 S Alpine Rd Rockford, IL 61108

Comcast 4450 Kishwaukee Street Rockford, IL 61109

Comcast Credit Management 4200 International Pkwy Carrollton, TX 75007-1912

Crusader Clinic Rockford Mercantile 2502 S Alpine Rd Rockford, IL 61108

G Stedina Gundmundson Convergent Healthcare Recoveries 121 NE Jefferson #100 Peoria, IL 61602 Infinity Healthcare/Pendrick Capital Par Commonwealth Financial Systems 245 Main St Dickson City, PA 18519

Inifinty Healthcare Physicians Dynamic Recovery Solutions PO Box 25759 Greenville, SC 29616

Medical Payment Data Mutual Management Svc 7177 Crimson Ridge Dr. #10 Rockford, IL 61107

Mercy Health Creditors Protection Svc 308 W State St. #485 Rockford, IL 61101

Mercy Health/RHS 2350 N Rockton Ave Rockford, IL 61103

Metro Medical Services IC Systems Collection PO Box 64378 Saint Paul, MN 55164-0378

NiCor Attn: Bankruptcy Dept. 1844 Ferry Road Naperville, IL 60563

OSF Lifeline Ambulance Rockford Mercantile 2502 S Alpine Rd Rockford, IL 61108

OSF Promptcare Convergent Healthcare Recoveries Inc. 121 NE Jefferson St #100 Peoria, IL 61602 Radiology Consultants 1401 E State St. Rockford, IL 61104

Radiology Consultants ATG Credit 1700 W Cortland St #201 Chicago, IL 60622

Rockford Ambulatory Surgery 1016 Featherstone Rd Rockford, IL 61107

Rockford EAS Rockford Mercantile 2502 S Alpine Rd Rockford, IL 61108

Rockford Gastroenterology Rockford Mercantile 2502 S Alpine Rd Rockford, IL 61108

Rockford Radiology Rockford Mercantile 2502 S Alpine Rd Rockford, IL 61108

Swedish American Hospital 1401 East State Street Rockford, IL 61104

Swedish American Hospital Central Credit Services PO Box 1850 Minneapolis, MN 55439

Theresa Bankes Klein, landlord

Verizon Wireless PO Box 26055 Minneapolis, MN 55426